

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP
1	1						51				
2		1					52				
3		2					53				
4	1						54				
5	1						55				
6		2					56				
7	1						57				
8	1						58				
9	1						59				
10	1						60				
11	1						61				
12		3					62				
13	1						63				
14	1						64				
15		2					65				
16		2					66				
17		2					67				
18		2					68				
19	1						69				
20	1						70				
21		2					71				
22							72				
23							73				
24							74				
25							75				
26							76				
27							77				
28							78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	18						TOTAL IND.				
TOTAL DEP.							TOTAL DEP.				
TOTAL CLAIMS	38						TOTAL CLAIMS				